



Atty. Dkt. No. 355908-3951

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Anthony E. BOLTON, et al.

Title: TREATMENT OF
ENDOTHELIN-RELATED
DISORDERS

Appl. No.: 10/815,509

Filing Date: 31 March 2004

Examiner: Ernst V. Arnold

Art Unit: 1616

Confirmation 8220
Number:

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 643729570 US (Express Mail Label Number)	08 August 2006 (Date of Deposit)
SALTO, Susana (Printed Name)	
S-Salto (Signature)	

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] The fee required for additional claims is calculated below:

	Claims		Previously		Extra		Rate		Additional
	As		Paid For		Claims				Claims Fee
	Amended				Present				
Total Claims:	22	-	22	=	0	x	\$50.00	=	\$0.00
Independent	1	-	1	=	0	x	\$200.00	=	\$0.00
Claims:									
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL									\$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[X] Extension for response filed within the second month:	\$450.00	<u>\$450.00</u>
[X] Small Entity Fees Apply (subtract ½ of above):		<u>\$225.00</u>
EXTENSION FEE TOTAL:		<u>\$225.00</u>

A credit card payment form in the amount of \$225.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

8-8-06

By



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